RESI AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000									Application or Docket Number PRD 9834702						
										FE	260	<i>39</i>			
_		CLAIMS A	nn 1)				SMALL ENTITY TYPE			0	OTHER THAN OR SMALL ENTITY				
T	OTAL CLAIM	S	18	18				RATE		FEE		RATE	FEE		
F	OR		NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FEE		355,0			+		
TOTAL CHARGEABLE CLAIMS			18 n	/8 minus 20=		· Ø		X\$ 9=		1	OF				
INDEPENDENT CLAIMS			3	_3 minus 3 =		. 4		X40=		-//}	-10	<u> </u>	 -		
M	JLTIPLE DEPE	NDENT CLAIM	PRESENT	RESENT				A4U=		$+\!\!\!\!/+\!$	_OF	X80=	<u> </u>		
If the difference in column 1 is less than zero, enter "0" in column 2											OF	+270=			
?)	17 1/1						TOTAL	٠ [TOTAL	Flo			
1	705	(Column 1)	AMENDE	D - PAR (Colun		(Column o) CMAI						OTHER			
⋖		CLAIMS REMAINING		HIGH	EST	(Column 3)	Ė	MALI	_	ADDI-	OR 7	SMALL			
AMENDMENT		AFTER AMENDMENT		PAID I	USLY	PRESENT EXTRA		RATE		IONA FEE		RATE	ADDI- TIONAL FEE		
	Total	. 16	Minus	-20	9	=		X\$ 9=	T		OR	X\$18=			
	Independent FIRST PRESI	ENTATION OF M	Minus	2	3	<u> - </u>	1	X40=	Ť		OR	X80=			
		ENTITION OF IN	OCTIFLE DE	CTIFLE DEPENDENT		CLAIM		-135=	†	_	┨┈	+270=			
							Ľ	TOTAL	+		OR	+270=			
		(Column 1)		(Colum	n 2)	(Column 3)	ADI	DIT. FEE			OR	ADDIT. FEE			
AMENUMENT B		CLAIMS REMAINING	FILE	HIGHE	ST				T .	1001	.				
		AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA	F	RATE	TI	NDDI- IONAL FEE		RATE	ADDI- TIONAL FEE		
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		ATATION OF MI	DETIPLE DE	PENDENT	CLAIM		\vdash		╆		OR				
							<u>+</u>	135=	L		OR	+270=			
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1		(Column 1) CLAIMS		(Columi	n 2)	(Column 3)						•			
		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA	R	ATE	ŢΚ	DDI- DNAL		RATE	ADDI- TIONAL		
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	ndependent		Minus	***		-	 	9=			OR	X\$18=			
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							40=			OR	X80=			
#135=										OR	+270=				
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL TOTAL The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20." ADDIT. FEE The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR .	TOTAL.			
		per Previously Paid					und in	the ann	mon	iate ho	cin colo	NDDIT. FEE L mni 1			
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